Progress Notes Text Only

GIAMPIETRO, GEORGIANNA

MR#: 411478588 Hosp #: 198241

Admit Date: 08/16/2019

Observation Date/Time: 7/8/20 10:22

Progress Notes Nurse

Daviess County Detention Center

Pt presents to medical for sick call c/o not feeling well last 3 days. Reports that her face has been flushed et hot, foggy head. Requesting bp et bs check. bp 136/85 p 84 spo2 99 t 97.5. Accucheck 91. Pt place on bp checks qd x 7

Blood Pressure	Observations
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Systolic 7/8/20 21:06	147 mmHg /4 4	Left Arm Sitting	Snyder, Dawn
7/9/20 21;23	126 mmHg /7 4	Left Arm Sitting	Snyder, Dawn
7/10/20 20:02	131 mmHg /4\	Left Arm Sitting	Mix, Lorrin
7/11/20 19:58	134 mmHg / 7Y	Left Arm Sitting	Mix, Lorrin
7/12/20 20:00	134 mmHg	Left Arm Sitting	Mix, Lorrin
7/13/20 20:17	130 mmHg		Davis, Tracy
7/14/20 20:38	128 mmHg	Left Arm Sitting	Snyder, Dawn

Diastolic

Diastolic 7/8/20 21:06	99 mmHg	Left Arm Sitting	Snyder, Dawn
7/9/20 21:23	79 mmHg	Left Arm Sitting	Snyder, Dawn
7/10/20 20:02	81 mmHg	Left Arm Sitting	Mix, Lorrin
7/11/20 19:58	75 mmHg	Left Arm Sitting	Mix, Lorrin
7/12/20 20:00	87 mmHg	Left Arm Sitting	Mix, Lorrin
7/13/20 20:17	78 mmHg		Davis, Tracy
7/14/20 20:38	74 mmHg	Left Arm Sitting	Snyder, Dawn

Why. /

15	1000 Pressure	Opservations		
Systolic	Systolic			a , 5
	7/8/20 21:06	147 mmHg /9 9	Left Arm Sitting	Snyder, Dawn
	7/9/20 21:23	126 mmHg /) G	Left Arm Sitting	Snyder, Dawn
	7/10/20 20:02	131 mmHg /4)	Left Arm Sitting	Mix, Lorrin
	7/11/20 19:58	134 mmHg / 75	Left Arm Sitting	Mix, Lorrin
	7/12/20 20:00	134 mmHg / 47	Left Arm Sitting	Mix, Lorrin
	7/13/20 20:17	130 mmHg / 74		Davis, Tracy
	7/14/20 20:38	128 mmHg / ┐ [⋈]	Left Arm Sitting	Snyder, Dawn
Diastoli	_			
DIASTOR	Diastolic			
	7/8/20 21:06	99 mmHg	Left Arm Sitting	Snyder, Dawn
	7/9/20 21:23	79 mmHg	Left Arm Sitting	Snyder, Dawn
	7/10/20 20:02	81 mmHg	Left Arm Sitting	Mix, Lorrin
	7/11/20 19:58	75 mmHg	Left Arm Sitting	Mix, Lorrin
	7/12/20 20:00	87 mmHg	Left Arm Sitting	Mix, Lorrin
	7/13/20 20:17	78 mmHg		Davis, Tracy

Pu	lse.

Pulse 7/8/20 21:06	87 beats/min
7/9/20 21:23	88 beats/min
7/10/20 20:02	91 beats/min
7/11/20 19:58	82 beats/min
7/12/20 20:00	84 beats/min
7/13/20 20:17	83 beats/min
7/14/20 20:38	85 beats/min

7/14/20 20:38 74 mmHg

Snyder, Dawn

Snyder, Dawn Jix, Lorrin

Snyder, Dawn

Mix, Lorrin

Mix, Lorrin

Davis, Tracy

Snyder, Dawn

Daviess County Detention Center

3337 KY 144\n\nOwensboro, KY 42303

07/15/2020 9:34

Page 1 of 2

Left Arm Sitting

GIAMPIETRO, GEORGIANNA

MR#: **411478588** Hosp #: **198241**

Admit Date: 08/16/2019

Manne Date: 00/10/2015

Observation Date/Time: 7/8/20 21:06

Systolic

Daviess County Detention Center

147 mmHg

Left Arm Sitting

Diastolic

99 mmHg

Left Arm Sitting

Pulse

GIAMPIETRO, GEORGIANNA

MR#: 411478588 Hosp #: 198241

Admit Date: 08/16/2019

Observation Date/Time: 7/9/20 21:23

Systolic

Daviess County Detention Center

126 mmHg

Left Arm Sitting

Diastolic

Pulse

79 mmHg **Left Arm Sitting**

GIAMPIETRO, GEORGIANNA

MR#: **411478588** Hosp #: **198241**

Admit Date: 08/16/2019

Observation Date/Time: 7/10/20 20:02

Systolic

Daviess County Detention Center

131 mmHg Left Arm Sitting

Diastolic

81 mmHg Left Arm Sitting

Pulse

GIAMPIETRO, GEORGIANNA

MR#: **411478588** Hosp #: **198241**

Admit Date: 08/16/2019

Observation Date/Time: 7/11/20 19:58

Daviess County Detention Center

Systolic

Pulse

134 mmHg Left Arm Sitting

Left Arm Sitting

Diastolic 75 mmHg

GIAMPIETRO, GEORGIANNA

MR#: 411478588 Hosp #: 198241

Admit Date: 08/16/2019

Observation Date/Time: 7/12/20 20:00

Systolic

Daviess County Detention Center

134 mmHg Left Arm Sitting

Diastolic

87 mmHg Left Arm Sitting

Pulse

GIAMPIETRO, GEORGIANNA

MR#: 411478588 Hosp #: 198241

Daviess County Detention Center

Admit Date: 08/16/2019

Observation Date/Time: 7/13/20 20:17

Systolic

130 mmHg

Diastolic

78 mmHg

Pulse

GIAMPIETRO, GEORGIANNA

MR#: 411478588 Hosp #: 198241

Admit Date: 08/16/2019

Observation Date/Time: 7/14/20 20:38

Systolic

Daviess County Detention Center

128 mmHg

Left Arm Sitting

Diastolic

74 mmHg **Left Arm Sitting**

Pulse

GIAMPIETRO, GEORGIANNA

MR#: 411478588 Hosp #: 198241

Admit Date: 08/16/2019

Observation Date/Time: 7/30/20 21:03

Systolic

Daviess County Detention Center

132 mmHg

Diastolic

85 mmHg

Pulse

Admission Rec. Screening and H&P

GIAMPIETRO, GEORGIANNA

MR#: 411478588 Hosp #: 198241

Admit Date: 08/16/2019

Observation Date/Time: 8/18/19 23:29

Daviess County Detention Center

Exam Date 8/18/2019

Care Chronic Conditions Yes

Insurance No

Emergency Referral? Νo

Visible Signs? Normal

Risk(s) exhibited? None

Influence or Withdrawal from? No

Mobility Restriction Type(s) None

Treated for... Other and hypercholesterolemia

No

Medications No

Allergies No

Fainted-last 72 hours No

Head injury-last 72 hours No

Exposed to? No

Complete TB Screening/Testing

Hospitalized-last year No

Suicide-Considered/attempted No

Diet physician prescribed No

Drug use? No

Alcohol use? Nο

LMP Date 7/28/2019

Are you...? None Height 63 in

Weight 149.0 lb

Pulse 88 beats/min

Blood Pressure Systolic 120 mmHg Left Arm Sitting Blood Pressure Diastolic Left Arm Sitting 90 mmHg

97.6 °F Tympanic Temperature

Respiration 16 per/min O2 Saturation 95 Percent

PPD Implanted No

Have all concerns from officer intake Yes

and above answers been explained

above?

Admission Data History and Physical

Observations

GIAMPIETRO, GEORGIANNA 198241

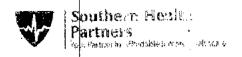
7/14/20 20:38 85 beats/min

B1 A176

Snyder, Dawn

Heart 1	Rate
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Heart Ra	nte 7/8/20 21:06	87 beats/min
	7/9/20 21:23	88 beats/min
	7/10/20 20:02	91 beats/min
	7/11/20 19:58	82 beats/min
	7/12/20 20:00	84 beats/min
	7/13/20 20:17	83 beats/min



Refusal of Medical Treatment and Release of Responsibility

Accord performent Accord perfor	According to the control of the cont	This Refusal of Medical Treatment and Release of Responsi	ibility form is being used for (check one):
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Date of 8 th County Perhaps County Perhaps County Time: 10/80 Emyorm. Contraction of the risks of the result of the risks of ensuing medical treatment for no current medical condition and acknowledge I understand all medical information, current diagnosis and future procedure; which have been explained to me. Am refusing any and all medical procedures and/or treatments of my current medical condition. If I decide to obtain medical reterment/regarding my current recition, I will notify the medical staff immediately. I understand the limitations of treatment which may be available to me bas of consy refusal of prior treatment. Patient's ceason for refusal may be quoted):	Date of Bith		
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	custody at the (list vali Name). custody at the (list vali Name). refusing medical treatment for no current medical condition and acknowledge I understand all medical information, current diagnosts and future procedure. Achieb have been explained to me. I am refusing any and all medical procedures and/or treatments of my current medical condition. If I decide to obtain medical treatment regarding my current in decidion, I will notify the medical staff immediately. I understand the limitations of treatment which may be available to me bas at construction of prior treatment. Patient's reason for refusal may be audited): If Medical Staff(s) response: If Medical Staff(s) response: If Medical Staff(s) response: If immediate efuses to state a reason please check here: Therefore, I release Southern Leath Partners, Inc., its staff, the County, the Sheriff, his/her staff from all responsibility and I assume personal responsibility on the conditions that may occur as a result of partefusing treatment as prescribed by the medical staff of the facility ancior outside consultation services. Signature of Immate in the conditions that may occur as a result of partefusing treatment as prescribed by the medical staff of the facility ancior outside consultation services. Signature of Immate Public Signature of SHP Medical Representative Date Therefore, I release Southern Leath Partners, Inc., its staff, the County, the Sheriff, his/her staff from all responsibility and I assume personal responsibility and I consultation services. Signature of Immate refuses to sign form, please check here: Witness Date Staff of material and oriented: Witness Date Staff of material and oriented:	7/21/10	1 Instance
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If Medication, list Modication Note and in Supersing Change If Sick Call, what was original reducest: If inmate refuses to state a reas original reducest. Therefore, I release Southern Health Partners, Inc., its staff, the County, the Sheriff, his/her staff from all responsibility and I assume personal responsibility or the conditions that may occur as a result of morefusing treatment as prescribed by the medical staff of the facility and/or outsid. Consultation services. Signature of Inmaid Date Therefore, I release Southern Health Partners, Inc., its staff, the County, the Sheriff, his/her staff from all responsibility and I assume personal responsibility of the conditions that may occur as a result of morefusing treatment as prescribed by the medical staff of the facility and/or outsid. Consultation services. Signature of SHP Medical Representative Date Therefore, I release Southern Health Partners, Inc., its staff, the County, the Sheriff, his/her staff from all responsibility and I assume personal responsibility and I	If Medication Treatment, list the discrete control (ext. Dressing Change) If Sick Call, what was original reclassit. If inmale refuses to state a reas to please check here: Therefore, I release Southern (Larth Partners, Inc., its staff, the County, the Sheriff, his/her staff from all responsibility and I assume personal responsibility on the conditions that may occur as a result of morefusing treatment as prescribed by the medical staff of the facility ancion outside consultation services. Signature of Inmail Date Signature of SHP Medical Representative Date Witness Date Is inmate alert and oriented:		
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Confidential – Part of Medical File SHP Form August 2016 Name: GIAMPIETRO, GEORGIANNA

Allergies: No Known Drug Allergies

PCU: B1

Location: B1 A176

Diagnosis: Physician:

Sex: F

Height:

63,00

Weight: 149.00

Age: 35 years

Admit Date: 08/16/2019

198241

Comments:

Me	dication		Start	Stop	Sched	7/22	7/23	7/24	7/25	7/26	7/27	7/28	
	Active												
	lisinopril (zestril) ng	10	9:00 7/21	23:59 7/20			1		•		09:20 bkirkpat	10:19	
	Oral Daily (365 Days)		1421	7/20		Γ.	1	rick	t	t	I ·	ey	
L		_			1			<u> </u>					

Key: DC=Discontinued OS=Drug not Available NA=Not Administered PA=Partially Administered RE=Refused RFC=Release **Administration Notes**

Medication

Scheduled

Administered Staff

<u>Notes</u>

Site: